



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Child Development  
and Early Education

OCTOBER 2023

# Action Plan for an Early Childhood Homelessness Support System

## Unleashing the Potential of our Most Vulnerable Children to Raise North Carolina



HEAR US INC. DIANE NILAN

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### IN PARTNERSHIP WITH:

***Yay Babies!***

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## Letters of Introduction

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It is an honor to introduce the *Action Plan for an Early Childhood Homelessness Support System*. This Plan is comprehensive, ambitious and represents the collective perspectives of parents of young children experiencing homelessness and the professionals across sectors that support families and young children experiencing homelessness. It lays out a bold but achievable vision.

The NC DHHS Division of Child Development and Early Education is committed to ensuring that young children in our state experiencing homelessness benefit from the many high quality early childhood resources and programs in our state; this Action Plan complements and builds on our state's initiatives.

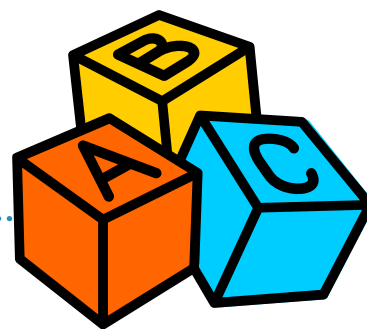
In the upcoming months, the Division of Child Development and Early Education will collaborate with *Yay Babies!* on a structure and process to address many of the goals of this Action Plan.

We look forward to working with each of you, our partners, in this important endeavor.

*Ariel S. Ford*

**Ariel Ford**

*Director, Child Development and Early Education*



It's another amazing day in paradise. My name is Kara (car+uh) Lynn Sanders. My nickname is Kai (rhymes with hi, sky and bye). My super s-hero name is Momma Kai because I found my superpowers being a mom and student of a young Black male superhero. The name God gave him is Wisdom and he is my heart beating outside of me.

Our early childhood education started in a small town in Connecticut. We were embraced, Loved and guided in best practices to nurture my superhero's mind to be educated, liberated and dedicated to learning. We had one on one visits with a parent educator. We did playgroups, field trips, weekly in-home activities and family friendly community events. We attended workshops and classes where meals were served and child care was provided. All that worked. Wisdom started reading in the early part of 2020 when he was 4. At that time we were back here in N.C. but without safe, stable housing!

Please notice I didn't use "he" or "his", I used "we" and "our". The early childhood education of my superhero is my responsibility and I sought partners to help me. Thankfully I knew that as an older mom. Therefore I personally made his early childhood education my priority because I knew the foundational years were the ones that would develop his brain and nervous system and set the stage for his entire adult life. Not everyone knows as I do so your help is invited and needed.

As the leaders of our state I invite you to see the infinite and intrinsic value of every parent and child in order for you to be confident about investing in them. Taking progressive action to fund and implement this plan, we can create a state where every child is given the opportunity to tap into the genius they were born with. We will see all children develop into the brilliant, engaging citizens the state is desperately in need of. Thank you in advance for your financial support of this endeavor.

Enjoy the amazing day you're creating. Peace...

**Kara Lynn Sanders (Momma Kai)**

*Mom, Parent Engagement Consultant, L.U.V. Enterprises Presents LLC, Raleigh, NC*

## Executive Summary

Without doubt, the key to North Carolina's future prosperity is dependent on our investment in the well-being of our youngest citizens. A significant threat to children's well-being is the experience of homelessness, a major public health concern in our state. Rates are likely underestimated because there are no reliable counts of young homeless children and federal definitions are not aligned. The best estimates suggest that more than 32,000 infants, toddlers, and preschool-aged children in NC experience homelessness annually.

Research shows that homelessness is an adverse childhood experience associated with developmental delays, mental health challenges, emotion dysregulation, and poor health due to associated factors. Safe, affordable, and accessible housing is critically important for families and especially for their young children. In combination with NC's planned efforts to reduce and prevent homelessness via the [Early Childhood Action Plan](#), we must also attend to the impact of homelessness that will likely continue despite efforts to prevent its occurrence.

Homelessness is associated with developmental delays and health concerns, yet there is growing evidence of resilience among young children who experience homelessness. To foster resilience and interrupt the intergenerational nature of homelessness, factors associated with resilience—including warm & nurturing caregiving and high-quality early childhood services—must be promoted. Early childhood care and education services can change the trajectory of young children's lives, especially when those programs use a two-generation approach because caregivers are the key to their children's resilience. Unfortunately, homelessness creates unique barriers to accessing and participating in parenting support programs (e.g., home visiting) and high-quality early childhood resources and programs.



NC has vast experience in reducing those barriers to identify and serve homeless school-aged children but there are very few policies and procedures to reach and serve infants, toddlers, and preschoolers. We must accelerate efforts because the pandemic has exacerbated risks to children experiencing homelessness and their families. The pandemic also exposed pre-existing problems in access, equity, and quality of both housing and early childhood services systems.

This bold action plan provides a detailed guide to ensure that children in our state who are unhoused receive all early childhood resources and services available in their communities. Parents, early childhood education experts and advocates, homeless services providers and leaders, and other stakeholders and advocates of young children and their families have been involved in the development of this action plan. Parent voices are provided throughout the document in direct quotes to keep their perspectives at the center of goals and action steps.

Four broad goals are established in the plan, and action steps are articulated to achieve each goal. We also include recommendations for entities that could be accountable for each set of strategies, although it is incumbent on all early childhood and homeless services stakeholders to consider adoption of this plan. Some strategies can be implemented immediately; others will require new inter-agency collaborations. In particular, we

encourage early childhood stakeholders to become advocates for safe, stable, affordable housing near public transportation and high-quality child care/early education resources. We encourage homeless services stakeholders to become informed about local child care/early education programs and ensure connections of their child clients to those resources. The challenges these sectors face, and the children they serve, are interconnected.

### Strategic Plan Goals

- 1 Build capacity and support** for professionals who work with young children to identify and provide appropriate services for children experiencing homelessness and their caregivers.
- 2 Build the capacity of organizations** to design and implement equitable policies & practices that (a) mitigate potential trauma of homelessness, (b) empower parental engagement, leadership, and advocacy, (c) prioritize homeless families and young children, and (d) use a two-generation approach to proactively connect caregivers and their children to resources necessary to meet family goals.
- 3 Create integrated, accessible, equitable, and child-centered community-based systems change plans** focused on the needs of young children and caregivers experiencing homelessness.
- 4 Improve, leverage, and integrate** early childhood homelessness data.
- 5 Leverage diverse funding sources** to support Goals 1 – 4.

This action plan will position NC to be a national leader in meeting the needs of young children experiencing homelessness. Most importantly, meeting the goals in this plan will position all our young children and their families to thrive.

**Mary E. Haskett & Marsha R. Basloe**  
*October, 2023*



## Guiding Principles for the Plan

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### Vision

Children and their families have the right and opportunity to reach their full potential.

### Mission

The action plan is dedicated to the improvement of well-being and outcomes of children and families experiencing homelessness as caregivers choose resources and services that fit their family needs from a variety of accessible early childhood supports.

### Values

**Accessible** — We identify the wide variety of barriers to services and implement strategies to remove or mitigate those barriers. We are constantly ensuring that the voices of families are heard to facilitate children and families getting the support they need. We recognize that most families experiencing homelessness are not in shelters but are doubled-up (i.e., living with others due to lack of housing); therefore, we advocate for equitable access to housing and early childhood services for families with young children that are doubled-up, residing in motels and other locations not meant for regular housing, and living unsheltered.

**Child-centered** — We want to have the environment, culture and services of early childhood education designed and implemented with the child's best interest in mind. Children experiencing homelessness have special needs, abilities and interests to guide programs, services, organizations, and systems.

**Collaborative** — We are committed to recognizing and leveraging the unique strengths of caregivers, individuals and/or organizations to create significantly better outcomes for the child and family. We recognize that meeting our goals requires innovative, cross-sector approaches and new partnerships.

**Equitable** — We want to create equity by addressing historical and contemporary policies and practices that lead to homelessness, listening to the voices of those most marginalized by the systems, and centering their voices in designing system changes for early childhood education services for children and families experiencing homelessness.

**Evidence based** — Although there is a wide variety of evidence that guides our plan, we support building the evidence base through funded research and promising practices. We ask caregivers of young children who are experiencing housing insecurity for their input to inform research findings and practice guidelines; their lived experience and wisdom are included when decisions are being made that affect their lives.



## Knowledge Driving the Plan

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- Homelessness among infants, toddlers, and preschool-aged children occurs at alarming rates. According to the most recent [Early Childhood Homelessness State Profiles report](#) from the US Department of Education, 32,189 children in NC under the age of 6 (4.4%) experienced homelessness during the 2018-2019 school year. Furthermore, our state received a rating of “F” for housing and economic security of our state’s children in the most recent [NC Child Health Report Card](#) produced by NC Child and the NC Institute of Medicine.
- Experts in public health view homelessness as an adverse childhood experience.<sup>1,2</sup> Decades of research indicates that the experience of early childhood homelessness is unique to each child but tends to be associated with:<sup>3, 4, 5</sup>
  - developmental delays,
  - mental health challenges and emotion dysregulation, and
  - poor health due to potential risks including
    - inadequate prenatal care,
    - crowded and unsafe living circumstances with mild to heavy drug, alcohol and/or tobacco use which affects the health of a child and the mental stability of the adults they are living with,
    - transience for various reasons including an inability to sustain the price of housing for substantial periods of time,
    - food insecurity and poor nutrition from lack of access to food storage and food preparation options (e.g., in hotel rooms and vehicles), living in food deserts, and high cost of healthy food.
    - lack of access to preventive health care.
- In addition, homelessness is associated with traumatic experiences such as exposure to family and neighborhood violence.<sup>6</sup>
- Systemic oppression and long-standing racial inequities and disparities are also at the root of homelessness and related experiences, and these structures exacerbate the impact of homelessness.<sup>7, 8</sup>
- Homelessness has a disproportionate impact on the youngest children, who account for nearly 50% of all children in federally-funded homeless shelters. Although housing and services delivered to their parents are critical, directly serving the children will also be necessary to address the impact of homelessness.
- Despite high risk for developmental delays and health concerns, there is strong evidence of resilience among young children who experience homelessness. Therefore, factors known to be associated with resilient functioning<sup>9, 10, 11</sup> including *warm & nurturing caregiving* and *high-quality early childhood services*, must be promoted.
- Early childhood services can change the trajectory of young children’s lives, especially when those programs use a two-generation approach (i.e., the program supports caregivers as well as children). Indeed, caregivers\* are the key to their children’s resilience.
- Although early childhood services can change the trajectory of young children’s lives, homelessness creates unique barriers to accessing and participating in home visiting/parent education programs

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\*In this document, the term “caregivers” is used to refer to parents and other family members who have primary responsibility for the children in their care.

and high-quality early childhood programs.<sup>12</sup> In fact, [a recent report by SchoolHouse Connection](#) shows that only 5.35% of infants and toddlers experiencing homelessness in NC were served by early childhood programs (i.e., Early Head Start, licensed child care, and/or Parents as Teachers Home Visiting —the three early childhood programs with available data), below the national average of 7%.

- Lack of awareness among professionals is a leading barrier. Many service providers (and many caregivers themselves) are not aware that families that are doubled up meet the definition of homeless, so outreach is often restricted to families in shelters and other formal housing programs. Children in families that are doubled-up are largely hidden in our communities, making outreach difficult. Homeless service providers often lack awareness of the unique needs of young children without homes, and many do not understand how to connect families to parenting and early childhood services.
- High mobility of families in homeless situations is a service barrier, especially when there are long waiting lists for services and resources.
- Families experiencing homelessness often do not have vehicles or funds to pay for public transportation; this is a significant barrier to obtaining and maintaining supportive parenting and early childhood services.
- For a variety of reasons, families that experience homelessness often lack access to the documents needed to enroll in early childhood services (e.g., health records, birth certificates, proof of income).
- NC has vast experience in reducing barriers to successfully identify and support homeless school-aged children via the Department of Public Instruction Homeless Education Program, but we are in the very early stage of designing policies and procedures to reach and serve our youngest children who are not yet in school.
- We must accelerate efforts because the pandemic has exacerbated risks to homeless children and their families. There has been an increase in homelessness among young children in NC and the status of child care in NC is at a crisis point. According to [an EdNC report](#), the pandemic also exposed pre-existing problems in access, equity, and quality of both housing and early childhood services systems. These challenges must be addressed now. The cost of inaction is too high to tolerate.





## Integration with Complementary Action Plans

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This action plan was prepared to propel our state forward in designing and implementing integrated systems that identify and equitably serve young children experiencing homelessness by supporting their caregivers' efforts to promote their children's growth and positive development. The plan is meant to be used in conjunction with several related state plans that, together, will ensure support for children experiencing homelessness.

Complementary plans include the North Carolina [Early Childhood Action Plan](#) (ECAP); in that plan there are strategies for ensuring that all NC children are healthy, safe & nurtured, and learning and ready to succeed. The [NCDHHS 2022 Statewide Birth-Five Needs Assessment](#) provides a summary of progress on the [Early Childhood Action Plan](#) and identifies challenges to provision of high-quality, accessible early care and learning opportunities for NC children. Children experiencing homelessness are one of seven populations of focal attention in the Needs Assessment.

Goals and strategies are also consistent with these North Carolina state plans:

- [NC Integrated Care for Kids](#) (NC InCK) which aims to integrate the needs and services beyond health care to support holistic care for children and their families.
- The NC Early Childhood Foundation [Pathways for Grade-Level Reading Action Framework](#)
- [The Home Visiting and Parenting Education System Action Plan](#)
- [The North Carolina 2021-2025 Prenatal to Age 3 Policy Priorities for Infants, Toddlers, and their Families](#) Developed by the Think Babies™ NC Leadership Team
- [The NC Child EarlyWell Initiative](#)
- NCDHHS Division of Public Health [2022-2026 Perinatal Health Strategic Plan](#)

A recent report by SchoolHouse Connection, [Infants and Toddlers Experiencing Homelessness: Prevalence & Access to Early Learning in Twenty States](#) (November 2022) also informed this plan. Of note in this report, *Yay Babies!* is specifically mentioned as a state strategy to “Collaborate across systems to ensure better access to early childhood programs for families experiencing homelessness.”

A federal strategic plan that served as the basis for this action plan is the [Policy Statement on Meeting the Needs of Families with Young Children Experiencing and At Risk of Homelessness](#) produced through collaboration between three federal agencies: U.S. Department of Health and Human Services, U.S. Department of Housing and Urban Development, and U.S. Department of Education. *Yay Babies!* has worked to align our efforts with this plan since its release in 2016; the recommendations remain timely.

## History, Processes, and Data Sources

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In 2015 several advocates for families and young children experiencing homelessness convened to discuss gaps in early childhood services and service delivery challenges for this population. They launched a grassroots effort—*Yay Babies!*—to ensure that young children experiencing homelessness in NC would have access to the full range of early childhood services and resources available in NC. *Yay Babies!* has continued to meet regularly since 2015 and currently includes members representing child care and early education, mental health, homelessness services (housing as well as homeless education), parenting support, and early intervention. The group has actively advocated for and worked to improve service delivery and increase resources, promote cross-sector awareness among early childhood and homeless services professionals, and inform the [NC Early Childhood Action Plan](#).

In 2019, Mary Haskett, PhD, co-founder of *Yay Babies!* and co-chair with Marsha Basloe and Laura Hewitt, was awarded a contract with DCDEE to prepare an action plan for NC to fully and equitably serve young children and their families experiencing homelessness through early childhood services and resources. Marsha Basloe, CEO of Child Care Services Association at the time, led a subcontract to pilot test the updated and validated **Early Childhood Self-Assessment Tool for Shelters**. Development of the strategic plan and pilot testing of the Self-Assessment Tool was a component of the state's federally-funded Preschool Development Grant initiative.

The set of goals and strategies set forth in this plan are the result of 3 years of collaboration among parent consultants, partners in *Yay Babies!*, and many stakeholders across early childhood and homelessness services sectors. Contributors are listed in Appendix A.

The mission, vision, and values of this plan were developed by *Yay Babies!* members during two meetings facilitated by a professional consultant and were refined with stakeholder reviews.

Goals and strategies were prepared based on a comprehensive review of the research literature, reports and whitepapers of relevant organizations, and data sources listed below.

1. Individual and small group feedback from parent consultants throughout the development of the action plan
2. *Yay Babies!* members, in three formats:
  - a. Full-group feedback during regularly scheduled bi-monthly meetings
  - b. Email feedback by nine (9) individual reviewers
  - c. Breakout group feedback in three *Yay Babies!* meetings
3. Feedback from seven (7) state program administrators and state policy experts via interviews with consultant
4. Original quantitative and qualitative data sources (see Appendix B)
  - a. Child Care Development Fund (CCDF) Focus Group held on 2/17/2021
  - b. Interviews with 47 caregivers who currently or recently experienced homelessness in 4 counties in NC
  - c. A survey of 314 early childhood education professionals in NC
  - d. A survey of 46 professionals in emergency shelters and transitional/supportive housing programs across the state



## Goals and Action Steps

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### **Goal 1. Build capacity and support for professionals who work with young children to identify and provide appropriate services for children experiencing homelessness and their caregivers.**

#### ***Potential leads and primary participants in Goal 1 strategies:***

- NC Department of Health & Human Services
    - Division of Child & Wellbeing, NC Infant Toddler Program
    - Division of Child Development & Early Education (DCDEE)
    - Division of Social Services
    - Public/private partnerships with research entities
  - NC Partnership for Children, Smart Start and network of local partnerships
  - Child Care Resource & Referral (CCR&R) Council and regions
  - NC Infant and Early Childhood Mental Health Association
  - NC Community College System
  - NC Department of Public Instruction, Homeless Education Program
  - Emergency Services Grant (ESG) Office & Continuums of Care (CoCs)
  - NC Coalition to End Homelessness
- a.** Provide professionals in early childhood systems (e.g., early childhood education, child welfare, early intervention, young children’s mental health, home visiting programs, etc.) that interact with young children and their parents the training and technical assistance needed to recognize that many are homeless and to respond appropriately to meet the unique needs of the children and their families. Prepare these professionals to:
- i.** Engage in flexible and creative efforts to reach and serve all families and young children who experience homelessness, including immigrant communities.
  - ii.** Use intake methods that will lower stigma of housing insecurity, to encourage caregivers to acknowledge housing insecurity and seek assistance.
  - iii.** Understand the homeless status of families that are living with others because they have nowhere else to stay.
- b.** Provide training to all professionals who engage with young children—including those in the housing/homelessness services sector—so that their interactions with families are trauma-informed, they recognize homelessness as an adverse situation, and they are aware that all members of families without safe and stable homes might be experiencing symptoms of trauma. Provide discipline-specific continuing education units/credits for participation in training and technical assistance.

**“How can we make an army of professionals who can jump into action to resolve the main problems and listening to the stories of people facing crisis? Not all people can do this; they need education and training to make it more welcoming for the families and focus on the children.”**

—parent

- i. Acknowledge and address the potential trauma histories and high stress of staff in housing and early childhood care sectors, using evidence-based approaches.
- ii. Follow the training with ongoing support and technical assistance for staff to implement the recommended strategies in their work with young children and caregivers.
- c. Provide training to all professionals who engage with parents of young children to promote caregivers' emotion regulation skills so that they can co-regulate with their children.
- d. Provide technical assistance to early childhood education program staff and administrators related to supporting families experiencing homelessness using (a) the US DHHS Administration for Children and Families, [Self-Assessment Tool for Early Childhood Programs Serving Families Experiencing Homelessness](#) and (b) the [9-module series](#) developed by the National Center on Parent, Family, and Community Engagement available on the DCDEE Moodle education platform.
- e. Continue to incentivize the TA to early childhood programs using Child Care Development Block Grant (CCDBG) funding by providing tangible supports for families enrolling their children in child care programs such as rent, transportation passes, food gift cards in response to needs identified when TA occurs both in meetings to discuss the tool and through findings discovered when completing the tool.

**Goal 2. Build the capacity of organizations to design and implement equitable policies & practices that (a) mitigate potential trauma of homelessness, (b) empower parental engagement, leadership, and advocacy, (c) prioritize homeless families and young children, and (d) use a two-generation approach to proactively connect caregivers and their children to resources necessary to meet family goals.**

***Potential leads and primary participants in Goal 2 strategies:***

- NC Department of Health & Human Services
    - Child and Family Wellness
    - NC DHHS, DCDEE, Family Engagement Leadership Council (FELC)
    - Public/private partnerships with research entities
  - Equity Research Action Coalition at Frank Porter Graham Child Development Institute, UNC
  - Educational Equity Institute
  - Duke University Center for Child and Family Health
  - Frank Porter Graham (FPG) Child Development Institute at UNC
  - NC Department of Public Instruction, Head Start Collaboration Office; Head Start Parent Councils
  - Local nonprofit organizations such as EPIC (Empowered Parents in Community)
  - Local Continuums of Care (CoCs)
- a. Agencies and organizations across early childhood sectors align their goals and strategies with the [NC Early Childhood Family Engagement and Leadership Framework](#) to engage and learn from the adults in a child's life, and support practitioners to engage families as genuine partners.

**“Before, when it was just me, it was a lot harder to find the resources. It was mostly just Google, and sometimes it took calling a lot or pressing a lot of buttons before you can even talk to a person... They should have lists of things that were available to people locally.”**  
—parent

- b. Provide professional development opportunities for domestic violence and family shelter staff using the Administration for Children and Families/Child Care Services Administration [Early Childhood Self-Assessment Tool](#) for Family Shelters to build understanding and encourage action to better support the needs of enrolled families with young children.
  - i. Encourage the use of the Tool Kit to accompany the Tool. See materials developed for the tool at [Partners for Impact](#).
  - ii. Provide incentives to “early adopters” of the Tool and share the early adopters’ experience widely to encourage others to take advantage of technical assistance for use of the tool offered via DCDEE funded projects.
- c. Create public awareness materials that can be adapted for outreach to specific communities. Materials should include organizations and their contact information and should be available in multiple formats (e.g., online and in print) and languages.
- d. Develop and/or take advantage of existing programs and resource lists/webpages on trauma, the value of positive parenting, and related topics to remain abreast of current knowledge and share with professionals and parents. Resources are provided in Appendix C.
  - i. Encourage local Continuums of Care (CoCs) and early childhood groups to co-create community resource guides specifically for caregivers and young children experiencing homelessness.
  - ii. Use dissemination strategies that are preferred by local caregivers who are experiencing homelessness (e.g. social media, texting).
  - iii. Include school-based homeless education liaisons in dissemination to ensure materials reach families experiencing homelessness in rural areas and those that are not in shelters.
- e. Through NC DHHS Child and Family Wellness: Home Visiting Program, ensure local organizations that offer evidence-based parenting programs (e.g., Triple P, Circle of Security) and home visiting programs\* (e.g., Parents as Teachers, Nurse-Family Partnership) conduct outreach to families experiencing homelessness and serve those families using [best practices](#).
- f. Incentivize racial equity training and ongoing coaching for early childhood professionals across sectors. Embed racial equity training content in child care professional credentialing and licensing and in ongoing continuing education requirements across professions.
- g. Facilitate collaboration among local and state entities create a streamlined referral process without barriers for services that support families and young children experiencing homelessness.
  - i. Identify children who are in shelters or unhoused (e.g., doubled up) and may have disabilities or developmental delays and ensure they receive timely developmental screening, assessment, and evaluation; appropriate referrals to services with follow up; and services under IDEA Part C (early intervention) and Part B (preschool program).
  - ii. Ensure caregivers receive information about available home visiting/parent education programs and connect them to programs they request.
  - iii. Ensure access is equitable across all families by reducing known barriers such as transportation and fees.
- h. To promote equity and access to early childhood education, [authentically integrate the family child care workforce](#) in all strategies in this plan.

**“[That program] is a great resource, but I just hate the turnover. We have seen so many caseworkers. Or things they do, they start then they don’t finish. We have to start things over again; it’s nothing against the workers.”**

—parent



- i. Focus compensation, policies, and practices on employee retention to promote continuity of care and a diverse workforce that reflects characteristics of families in the local community.
- j. Leverage CCDF funds to provide contracted slots to child care programs for families experiencing homelessness. Ensure equitable use of those slots in terms of race, language, and geography.
- k. DCDEE subsidy policy unit review potential legislation and the 10A NCAC 10 Subsidized Child Care Rules to propose rules or determine amendments which would support families experiencing homelessness access child care subsidy. Law/Rule considerations may include:
  - i. Identify young children (birth – 12) experiencing homelessness as a “protective services category.”
  - ii. Allow persons experiencing homelessness to be eligible for immediate child care subsidy for a period of time without employment or documentation (i.e., presumptive eligibility).
  - iii. Waive parent fees for families experiencing homelessness and have costs paid by DCDEE.

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**Goal 3. Create integrated, accessible, equitable, and child-centered community-based systems change plans focused on the needs of young children and caregivers experiencing homelessness.**

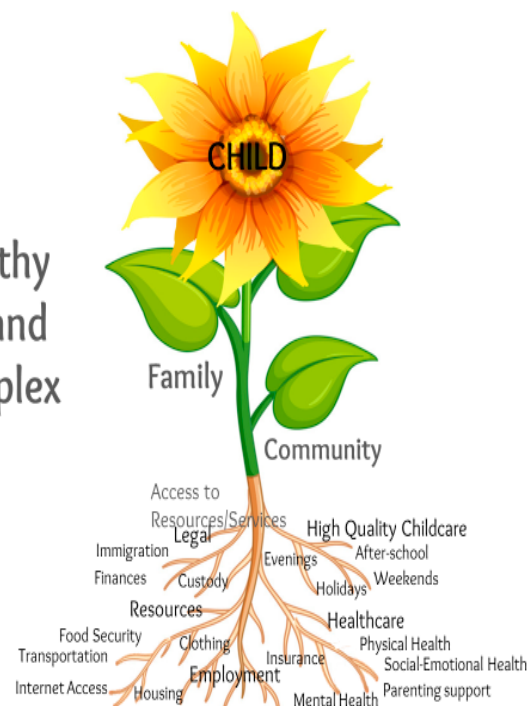
***Potential leads and primary participants in Goal 3 strategies:***

- North Carolina Office of the Governor
  - NC Department of Health and Human Services: The Department is divided into 33 divisions and offices under six broad service areas - Health, Opportunity and Well-Being, Medicaid, Operational Excellence, Policy and Communications and Health Equity. All divisions can focus on the needs of young children and caregivers experiencing homelessness.
  - North Carolina Early Childhood Advisory Council (ECAC)
  - NC Interagency Council for Coordinating Homeless Programs (ICCHP)
  - Leaders of initiatives listed in Goal 3a below.
- a. Align systems change plans with current state initiatives, including the [EarlyWell Initiative](#), the [Early Childhood Action Plan](#), the [NC Early Education Coalition Think Babies NC Alliance](#), the [NC Partnership for Children Home Visiting and Parenting Education System-Building action plan](#) the [NCDHHS Division of Public Health 2022-2026 Perinatal Health Strategic Plan](#) and the upcoming DHHS Strategic Housing Plan. Also align with NC’s response to the federal Family First Prevention Services Act and Every Student Succeeds Act.
  - b. Engage communities in systems-planning with a focus on families and children experiencing homelessness. Link this work to community programs already in development or in pilot stages (e.g., [NC 211](#), [NCCARE360](#)).
    - i. Support meaningful engagement by parents and other caregivers, with particular attention to engagement by historically marginalized caregivers (e.g., people of color, people experiencing poverty, incarcerated caregivers, individuals with disabilities).
    - ii. Ensure family child care providers are involved, valued for their unique and central place in early childhood education systems, and compensated for their participation.
    - iii. Elicit participation from all entities working with young children.
    - iv. Leverage existing systems for collaboration in local communities, when possible.

- c. Develop formal processes for communication, collaboration, data sharing, and referral between housing, parenting, and early childhood programs to assist families needing comprehensive services.
  - i. Create collaboration and coordination agreements.
  - ii. Adopt a coordinated referral strategy (e.g. the Head Start app) that can be used bi-directionally.
- d. Create expedited and coordinated intake and enrollment processes between early childhood and emergency housing programs. Monitor length of waitlists and modify approaches when lists indicate changes are needed.
  - i. Establish a universal assessment of a young child's needs for use in the early childhood and housing program intake process.
  - ii. Ensure hiring and training of workforce to conduct timely assessment to begin referral process quickly.
  - iii. Ensure assessment protocols are culturally responsive and strengths-based as well as evidence-based.
- e. Encourage collaboration between local early childhood education programs/providers and the local Continuums of Care to assist parents in meeting their family goals.
  - i. Include caregivers as central in designing the collaborative processes.
  - ii. Invite early childhood and housing professionals to serve on each other's boards and/or committees.
  - iii. Engage staff in each program to develop relationships and educate staff of the work of each program, targeting especially intake and referral staff members.
- f. Develop process to institute regular communication loops between parents, school-based homeless education liaisons, and early childhood program leadership in local communities.
- g. Use **current knowledge of family engagement** with diverse families to ensure programming meets needs of all families. Inform caregivers about their rights and processes for filing complaints and making recommendations for improvements to services. Ensure communications and engagement are culturally and linguistically appropriate for all caregivers.

Maria Velasco, parent consultant, designed this sunflower to depict the complexity of factors necessary for children to thrive. She shows the central role of high-quality child care, legal assistance, health care, employment, and basic resources. When these resources are available, communities and families can nurture the child—a flowering plant, ready to produce seeds for the next generation.

The formula for healthy  
and happy children and  
families = many complex  
factors!



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## Goal 4. Improve, leverage, and integrate early childhood homelessness data

### *Potential leads and primary participants in Goal 2 strategies:*

- NC Early Childhood Integrated Data System (NC ECIDS)
  - NC Department of Public Instruction, Homeless Education Program
- a. Review and follow relevant **data recommendations proposed by Yay Babies!** to the **Early Childhood Action Plan**, Recommendation 4: “Babies, toddlers, young children and their families across North Carolina will have access to safe, secure, and affordable housing”.
  - b. Identify the type of data and information to be collected and tracked to measure the scope of young child homelessness at the community and state level.
    - i. Convene a cross-sector data group to determine what is currently collected and what needs to be collected.
    - ii. Align data definitions across all organizations (see e. below).
    - iii. Identify parent and child outcome data to include in the collection process.
    - iv. Create joint research questions that can be answered by collected data.
  - c. Create data-sharing agreements among all relevant entities. Then collect, share, and integrate data on early childhood homelessness.
  - d. Use collected data to determine the needs of children and families, as well as the services and benefits accessed by families experiencing homelessness.
  - e. Use collected data to inform Return on Investment (ROI) data that can be employed in advocacy for implementation of this Action Plan with state lawmakers.
  - f. Advocate for all state-funded systems to use the McKinney-Vento definition of homelessness and ensure that data-related housing questions are uniform across systems when collecting data.
  - g. Align outcome measures with the “shared measures of success” recommended in **Pathways to Grade-Level Reading Measures**.
  - h. Acknowledge that neither housing nor early childhood systems have been equitable and require that data collection on identification, services, and outcomes include information disaggregated by demographic characteristics and geography to better understand current inequities and future progress in access, experiences, and outcomes.
    - i. Ensure that parents and other caregivers of marginalized and underrepresented communities can access the data and contribute their perspectives to interpretation of the findings and recommended actions.
    - ii. Develop and fund an equity-centered evaluation plan to measure the outcomes of this strategic plan over time.

**“So trying to move out of here and find housing has been hard, because they want you to be homeless and living in the woods to help.”**

—parent

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## Goal 5. Leverage diverse funding sources to support Goals 1 – 4

### *Potential leads and primary participants in Goal 3 strategies:*

- All organizations and entities listed in Goals 1 – 4 have the opportunity to leverage funding sources and should be encouraged to participate.
  - NC General Assembly
- a. Identify and seek funding for the appropriate entity to (a) implement each of the strategies herein and (b) track and publicly report progress toward the goals in a continuous quality improvement cycle.
  - b. Use collected data and analyses strategically to establish the need for additional funding. Expand funding to accommodate the predictable increase in referrals of children experiencing homelessness to early childhood care and education, early intervention, and home-visiting/parent education programs that will follow improved outreach and greater coordination across these systems.
  - c. Build support for DCDEE to provide contracted slots for young children experiencing homelessness. Establish equity expectations in use of those slots and monitor to ensure expectations are met.
  - d. Advocate with community leaders for local funding for resources and services for young children experiencing homelessness.
  - e. Work with local Continuums of Care and statewide housing organizations to more fully fund programming and resources for young children and their caregivers experiencing homelessness.
  - f. Require that all new applications for state early childhood care and education and housing funding to serve young children experiencing homelessness include an actionable equity plan to close gaps in access to resources and services experienced by historically marginalized communities.
  - g. Identify funding opportunities to offer payment to parents and other caregivers with diverse backgrounds and experiences who consult on goals outlined above.



## State Initiatives and Innovative Local Programs to Support Families and Young Children Experiencing Homelessness in NC

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In recent years, state leaders have begun to recognize the scope and negative impact of homelessness among young children in NC. Below are four demonstrations of efforts to ensure these children and their basic needs are visible and prioritized. It is noteworthy that, with the exception of the ECAP, federal policies stimulated the state-level actions.

### Early Childhood Action Plan

NC Governor Roy Cooper charged the North Carolina Department of Health and Human Services through Executive Order 59 to spearhead the development of a statewide early childhood strategic plan in coordination with the Early Childhood Advisory Council, other departments, and public and private stakeholders from across the state. The resulting North Carolina Early Childhood Action Plan (ECAP) provides a framework to achieve a bold vision for young children by 2025. **The plan “prioritizes 10 goals for children from birth through age 8 that, when achieved, will provide all NC’s children with a fair opportunity to grow up healthy in safe and nurturing families, schools and communities, so that they are learning and ready to succeed.”**

Planning began in 2018 and the ECAP was released in 2019.

### **Goal 4 of the Plan addresses homelessness among young children:**

**Commitment:** Babies, toddlers, young children, and their families across North Carolina will have access to safe, secure, and affordable housing.

### **2025 Target:**

**Part 1:** By 2025, decrease the percentage of children across North Carolina under age six experiencing homelessness by 10% from 26,198 to 23,578, according to data from the Administration for Children and Families (ACF).

**Part 2:** By 2025, decrease the number of children kindergarten through third grade enrolled in NC public schools who are experiencing homelessness by 10% from 9,970 to 8,973, according to data provided by the NC Department of Public Instruction.

*Yay Babies!* members collaborated with the ECAP development team throughout 2018 to develop Goal 4 and to provide a set of recommendations for data collection related to Goal 4. The recommendations were reviewed and updated for inclusion in this Action Plan in 2021-2022. The full set of revised recommendations can be found in Appendix D.

### **NC Division of Child Development and Early Education (DCDEE)**

The mission of the NC Division of Child Development and Early Education (DCDEE) is to ensure the health and safety of children in child care programs, to promote quality child care by implementing evidenced-based standards and to increase access to quality child care to families and children across North Carolina. DCDEE’s work to support families experiencing homelessness aligns with the latter goal of increasing access to child care.

Currently the Division increases access to child care by administering North Carolina’s Subsidized Child Care Assistance program using federal Child Care and Development Block Grant (CCDBG) funding. The CCDBG Act includes provisions designed to ensure that subsidy policies support access to child care for families experiencing homelessness. Other provisions of the CCDBG require DCDEE to provide training and technical assistance related to families experiencing homelessness to early



childhood professionals and to conduct outreach to families experiencing homelessness. DCDEE contracts to provide the training and technical assistance to early childhood programs across the state as well as the outreach. The training includes important content to help early childhood programs become familiar with the issue of homelessness, and how to identify and support these families. Through technical assistance, programs are asked to complete the eight module webinar series developed by the National Center on Parent, Family and Community Engagement titled, “Supporting Children and Families Experiencing Homelessness”.

Early childhood programs also create an action plan based on their completion of the Administration for Children and Families’, “Self-Assessment Tool for Early Childhood Programs Serving Families Experiencing Homelessness.” The action plan helps programs follow through with providing the supports identified as “Needing Action” in the tool.

Through the federal Child Care Development Block Grant (CCDBG) which authorizes Child Care Development Fund (CCDF) contracts, DCDEE provides outreach events throughout the state in locations convenient for families experiencing homelessness. At these outreach events families receive information about the Subsidized Child Care Assistance Program and information about a variety of available early childhood and homeless services.

Furthermore, DCDEE collaborates in *Yay Babies!*, which works to increase access to early intervention services and quality child care for families experiencing homelessness.

With Preschool Development Grant (PDG) funding, DCDEE has contracted with Dr. Mary Haskett at NC State University to write this strategic plan to ensure early childhood resources and services for young children experiencing homelessness. Also through this PDG contract, DCDEE is indirectly working with shelters to strengthen environments provided for young children and to strengthen collaborations shelters have with nearby child care programs.

### **NC Head Start Collaborative Office**

Children who meet the definition of homelessness in the education subtitle of the McKinney-Vento Act are categorically eligible for Head Start/Early Head Start. In addition to categorical eligibility for homeless families, national Head Start program requirements include proactive outreach to these families, grace periods for immunizations and documentation, and prioritized enrollment. In NC, the Office of Early Learning houses the NC Head Start State Collaboration Office (NC HSSCO) through a grant from the federal Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services.

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## North Carolina Homeless Education Program

McKinney-Vento Support of Early Childhood Homelessness	
<b>The McKinney-Vento Act</b>	The federal Act defines children and youth who lack a fixed, regular, and adequate nighttime residence as being homeless. Children and youth experiencing homelessness are entitled to a free, appropriate, public education under the law, including preschool education. <i>(Subtitle VII-B of the McKinney-Vento Act, as reauthorized by the Every Student Succeeds Act of 2015 (ESSA)).</i>
<b>State Education Agency (SEA) Responsibilities</b>	<p>Promote state-wide procedures to ensure that preschool-aged children experiencing homelessness have the same access to public preschool programs as their peers in stable housing.</p> <p>Ensure that McKinney-Vento funding is utilized for services that promote the identification, enrollment, and academic success of preschool-aged students in quality preschool programs.</p> <p>Collaborate at the state and national level with early education partners (i.e., Head Start, Title I Preschool, NC PreK, NCDEE, Smart Start) to facilitate collaboration efforts at the local level to promote the enrollment of young children experiencing homelessness.</p> <p>Provide professional development opportunities about early education to homeless liaisons.</p> <p>Maintain data regarding the identification and education of preschool children, as required by the Department of Education.</p>
<b>Lead Education Agency (LEA) Responsibilities</b>	<p>Each LEA must designate a person to serve as the homeless liaison.</p> <p>The homeless liaison is responsible for the identification, enrollment, and academic success of children and youth experiencing homelessness, including preschool-aged siblings of school-aged students.</p> <p>Collaboration at the local level with early education partners (i.e., Head Start, Title I Preschool, NC PreK, Smart Start, child care subsidy programs) to connect young children experiencing homelessness with quality early education programs.</p>
<b>Special Considerations</b>	<p>Immediate enrollment is mandated for children experiencing homelessness, even if they lack the documents typically required for enrollment.</p> <p>Homeless Liaisons are required to ensure that homeless preschool children remain in their preschool of origin unless this is not in the child's best interest.</p> <p>If the LEA provides transportation to non-homeless children to the public preschool program, it must provide transportation to the school of origin for preschool children experiencing homelessness.</p>

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**Innovative Programs and Initiatives in NC**

There are several agencies across the state that use innovative practices that support young children and families experiencing homelessness. The examples below are provided to celebrate their efforts and encourage replication of their initiatives. Each of these programs reflect the Values articulated for this action plan.

**Families Moving Forward, Durham**

Families Moving Forward is a family shelter located in Durham, NC. One characteristic that sets Families Moving Forward (FMF) apart from other family shelters is its focus on children's services. Through their own experiences, ongoing conversations with families served at FMF, and by studying the research about the needs of children experiencing the crisis of homelessness, the FMF service model addresses the critical needs of each child entering our program.

Being acutely aware of the potential short and long term impacts of ACES (Adverse Childhood Experiences) and recognizing that by virtue of being unstable and in the crisis of homelessness, many of the children in their program are experiencing toxic stress. FMF is doing everything in their power to put in place ongoing, accessible programming that addresses and reduces stress, helps build resiliency, and mitigates the impact of ACES on the children coming through FMF - by focusing on their educational, socio-emotional, and physical health needs.

They utilize a whole family, strengths-based approach throughout the organization. Their case management and programming teams work very hard to meet the needs of each individual in the family, as well as strengthen the family unit itself. Training all staff in incorporating a trauma-informed approach has been vital in efforts to build a resilient community and support each guest navigating trauma associated with their experience with homelessness.

Through a dedicated Early Childhood Specialist position, FMF remains informed of most of the critical needs of young children in the shelter and identifies sustainable approaches to addressing those needs. They are able to incorporate those through the system of care as outlined below:

**Children Birth to 5 years:**

- Upon entry, all children not yet in kindergarten complete the Ages & Stages and the Ages & Stages Social Emotional assessment. If areas of concern are identified the Early Childhood Specialist supports the parents in making necessary referrals and getting connected with providers in the community.
- Parents of children not yet in child care are assisted with obtaining vouchers quickly upon entry into FMF, and then encouraged to enroll in Early Head Start, Head Start or Pre-K as quickly as possible and during enrollment periods.

- Evening programming is offered for all children as young as 6 months, Monday through Thursday each week, with the primary focus being on reinforcing what children are learning in the classroom to address development and building confidence and self-esteem in each child, in a trauma-informed and strengths-based environment.
- Since 2019 FMF offers evidence-based Attachment and Biobehavioral Catch-up (ABC) Infant and Toddler interventions onsite for families to support their efforts in addressing parent-child connection and attachment
- Since 2021 FMF offers evidence-based Parent Child Interaction Therapy (PCIT) onsite for families addressing ongoing dysregulation and big behaviors.

#### **Family unit:**

- Through community partnerships, FMF offers a wide range of onsite parenting classes.
- They work with a local Diaper Bank to provide supplemental diapers and wipes for babies.
- They work with the local NC Cooperative Extension to provide clothing, pack n plays, and other essential items for families with young children.
- An onsite Family Counselor works directly with families and children.

#### **REACH (Resilience, Empowerment, and Access for Children Experiencing Homelessness), Raleigh**

REACH (Resilience, Empowerment, and Access for Children who are Homeless) at Passage Home provides comprehensive early childhood education and support services to children and their families who are homeless or living near/below the poverty level in Wake County. The program is designed to help children reach their full potential by providing them with the resources and support they need to overcome the negative effects of homelessness and achieve developmental, social, and academic milestones. Toxic stress/ACEs (Adverse Childhood Events) are inclusive in the scope of the negative effects that are frequently identified within the population of the children we serve.

REACH incorporates a number of innovative practices that are effective in supporting children and families experiencing homelessness. These practices include foci on the following:

- **Building Strong Relationships with Families Using Holistic Case Management:** REACH case managers work closely with families to build trust to create a strong rapport. This allows them to better understand the families' needs and to provide them with customized, effective support. Case managers work with families to develop an individualized plan of care designed to address critical needs and promote resilience. With the goal of developing strong family connections and building trust, the plan of care may include a variety of services, such as early childhood education, family support services (including financial literacy and parent workshops), academic support (including referrals to tutors), collaboration with school social workers and counselors, and empowering parents to be effective educational advocates for their children. Addressing food insecurity is inclusive.
- **Emphasizing Family Empowerment:** REACH views families as the experts on their own lives and experiences. Case managers encourage families to share their experiences and insights with other families allowing them to learn from and empower each other during this daunting journey of homelessness.
- **Preventing Homelessness:** REACH works to prevent homelessness by providing families with the resources they need to maintain stable housing. This includes providing financial assistance,

assisting families to locate affordable housing, and providing case management services to navigate and secure critical resources to interrupt the intergenerational cycle of homelessness.

- Prioritizing Early Childhood Needs: REACH maintains a commitment that the children (ages 0-5) we serve have access to quality early childhood education and developmental services. We recognize that these services are essential for the acquisition of skills required to succeed in school and in life.

REACH is a comprehensive and innovative program that is designed to strategically work with children and families experiencing homelessness to reach their full potential. Delivered through a case management approach, REACH embraces family leaders as experts and partners with them to mitigate the negative impacts of homelessness.

### **Helpmate, Asheville NC**

Helpmate is a nonprofit organization in western NC that provides comprehensive services to victims of intimate partner domestic violence in Buncombe County. They provide a 24-hour hotline, counseling, case management, outreach and education, court advocacy, and an emergency shelter. Helpmate goes beyond these standard adult services to offer a children's program. Children's services include:

- Support navigating cases with Child Protective Custody (CPS)
- Advocacy with Department of Social Services (DSS)
- Juvenile Court accompaniment and advocacy
- Child and Family Team (CFT) accompaniment and advocacy
- Case management services to help regain stability (housing, transportation, etc.)
- Referrals to community resources for children
- Resources for resiliency
- Triple P-Positive Parenting Program
- Emergency Crisis Service
- Specialized in-shelter services for children

Helpmate worked with Partners for Impact to complete the Early Childhood Self-Assessment Tool (ECSAT) as a way to improve their in-shelter services to children. Helpmate appreciated the chance to assess their efforts on behalf of children. They made changes in four categories: Shelter Space Improvements for children and families, Shelter Services Improvements, Internal Procedures Improvements, and Communication Improvements. See the work of shelters using the ECSAT [here](#).

Since completing the assessment, Helpmate staff have been working to increase their volunteer childcare pool to provide care for children in shelter so moms can attend educational and individual counseling and sometimes respite care if needed. They plan to continue to work with the Early Head Start Program, Christine Avery Learning Center, and the YWCA for short- and long-time daycare assistance. They also send referrals to Project NAF (Nurturing Asheville and Area Families) for African American mothers in shelter who are pregnant or if they have a child under 1 year old. This program provides medical advocacy and support to prevent mortality.

The agency has updated and renovated their existing childcare room with child sensory materials. There are now signs placed for proper diaper changing along with sanitary mats in the kids' room and bathroom. They will continue to connect with MAHEC (Mountain Area Health Education Center) for behavioral support and referrals along with training.



## **CATCH (Community Action Targeting Children Experiencing Homelessness), a program of The Salvation Army, Wake County**

Project CATCH (Community Action Target Children who are Homeless) is a program of The Salvation Army of Wake County that was founded in 2011. It is a collaborative case management model that provides youth-focused services to children ages 0 – 18 years old experiencing homelessness. Through the collaborative, families are connected to resources and supports that assist them in maximizing their child's physical, cognitive, and social/emotional development.

**Purpose Statement:** To ensure families experiencing homelessness in Wake County have access to a coordinated system of care that nurtures the health, well-being and success of their children. Components include:

- Case Management connecting family with resources
- Support Groups (Circle of Parents & Circle of Children/Youth) offer a child prevention program supporting parents and children in transition through positive techniques.
- Screenings identify socioemotional, medical, educational, and developmental needs.
- Trauma Training for community partners to prevent the revictimization of homeless families with support from a Technical Assistant Specialist

## **Sustainability**

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### **Resource acknowledgement and *Call to Action***

It is acknowledged that our state and local child- and family-serving systems are faced with a multitude of challenges and that no system is funded adequately to fully meet the needs of NC families, especially families who are struggling with the impact of the pandemic, inflation, and long-standing racial inequities.

We recognize that the resources needed to implement this Action Plan are substantial.

*However, as a coalition of parent consultants, cross-sector professionals, and experts in early childhood homelessness, we believe financial investment and agency commitment is urgent and that the upstream investment will be returned to the state in savings associated with prevention of intergenerational homelessness and improved overall wellness of our children as they grow.*

### ***Yay Babies!* role in implementation**

This is a comprehensive plan to address the long-standing oversight of young children experiencing homelessness in NC. As such, it will take concerted effort to carry out the actions proposed herein. To date, this work has been led by members of *Yay Babies!* —a grassroots group of dedicated parents and professionals who have been steadfast in meeting regularly and working between meetings to identify and fill gaps in resources and services. Participation in *Yay Babies!* is not included in any members' job responsibilities, although many agencies and organizations have encouraged active participation and allowed members time to be engaged in this work.

Until DCDEE provided financial support to prepare this Action Plan through the federal Preschool Development Grant mechanism, *Yay Babies!* members had not had the capacity to produce a comprehensive plan for the state. We strongly recommend that an agency or agencies fund a facilitator to organize and lead *Yay Babies!* so that the group will have capacity to take a leadership role in implementing and measuring progress on the Action Plan.

## Entities that must be engaged for successful implementation

- NC DHHS Divisions:
  - Child Development and Early Education:
    - NC Pre-Kindergarten
    - Subsidy Services
    - Child Care Development Fund (CCDF)
  - Social Services
    - Child Welfare Services
  - Child and Family Well-Being:
    - Early Intervention Section
    - Whole Child Health Section:
      - Child and Family Wellness
      - Child Care Health Consultation
      - Home Visiting Programs
- Emergency Services Grant (ESG) Continuums of Care
- NC Coalition to End Homelessness
- NC Governor's office
- NC Department of Public Instruction
  - Office of Early Learning
  - Homeless Education Program
  - Head Start
  - NC Partnership for Children (Smart Start) and local Partnerships
  - CCR&R Council and Regions
- Parents
  - NC Child Parent Advocacy
  - EPIC (Empowered Parents in Community) in Durham
  - Early Head Start/Head Start family councils
  - Family Resource Centers
- *Yay Babies!*
- Representatives from organizations with related state plans including the *NC Integrated Care for Kids* (NC InCK), *NC Early Childhood Foundation Pathways for Grade-Level Reading Action Framework*, *The Home Visiting and Parenting Education System Action Plan*, *Think Babies™ NC North Carolina 2020 Policy Priorities for Infants, Toddlers, and Families*, *The NC Child EarlyWell Initiative*
- National leaders with experience connecting early childhood and homeless services (e.g., Philadelphia BELL Project leadership)
- Potential funders
- Business community
- Faith-based community

## Timeline

*Yay Babies!* members and strategic plan reviewers have determined that DCDEE should convene state leaders, parents, and other stakeholders listed above in a *Partnership for Structure and Governance* (PSG) to prioritize recommended strategies for each goal and develop a detailed timeline to complete this plan.

Below is a suggested timeline to conduct strategies that *Yay Babies!* members consider to be within their ability to address as an informal unit, in collaboration with the PSG. *Yay Babies!* is best positioned to focus on strategies to meet Goals 1-3.

### Quarter 4, 2023      Strategic Plan submitted to DCDEE

**Quarter 1, 2024**      **DCDEE:** Extends invitations to potential members of a state collaborative to develop a Partnership for Structure and Governance (PSG) to implement this strategic plan. PSG includes (at a minimum) the entities listed above as members.

**Quarter 2, 2024**      **PSG:** Membership is finalized, leaders are identified, and initial meeting is scheduled for Quarter 3.

***Yay Babies!:*** Implements strategies that build on existing/current momentum. Specifically:

- Build on Bringing Families Home awareness campaign focused on young children experiencing homelessness (Goal 2; Strategy c)
- Meet with DCDEE to request contracted slots for infants and toddlers experiencing homelessness (Goal 2; Strategy j).

**Quarter 3, 2024**      **PSG:** Convenes to review plan and establish priorities. Recommendation is to prioritize Goals 4 and 5.

**DCDEE:** Includes requirement for training and technical assistance on early childhood homelessness in contracts with Smart Start, Child Care Resource & Referral and NC Department of Social Services (Goal 1; Strategy a; Goal 2; Strategy b).

***Yay Babies!:*** Submits funding request for a contracted facilitator and program coordinator, to ensure sustainability.

**Quarter 4, 2024**      **PSG:** Submits progress report to DCDEE.

***Yay Babies!:*** Collaborates with the state Home Visiting/Parent Education (HV/PE) initiative to assist local organizations that offer evidence-based parenting programs and home visiting programs to conduct outreach to families experiencing homelessness and serve those families using best practices. Data collection process and reporting is established to ensure progress on this goal (Goal 2; strategy e.)

**Quarter 1, 2025**      ***Yay Babies!:*** Continues collaboration with HV/PE and initiates collaboration through NCDHHS Child and Family Wellness with the NC Triple P Learning Collaborative to assist organizations that offer Triple P to reach families experiencing homelessness and serve those families using best practices. Data collection process and reporting is established to ensure progress on this goal.

<b>Quarter 2, 2025</b>	<b>Yay Babies!:</b> Reviews resources on current knowledge of trauma and the value of positive parenting to develop brief materials (e.g., one-pager, white paper, brief video, slide deck) and distribute the information to professionals and parents (Goal 2; strategy d.). Also develops a plan to review and update the materials annually.
<b>Quarter 3, 2025</b>	<p><b>Yay Babies!:</b> Hires facilitator and program coordinator. Continues collaboration with NCDHHS divisions as described above and continues to distribute updated resources.</p> <p><b>Yay Babies!:</b> Produces report to PSG and all stakeholders on progress toward strategic plan goals and strategies addressed to date.</p>
<b>Quarter 4, 2025</b>	<b>PSG:</b> Conducts review of strategic plan and articulates action steps and responsible entities to sustain progress and address unmet goals in next 2 years.

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## Appendix A: Contributors to the Plan

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Cass Wolfe	Alamance Partnership for Children

### Draft Reviewers/Participated in interview with Consultant

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#### ***Yay Babies! Members***

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Alexandra Morris	DCDEE Preschool Development Grant
Alma Davis	Partners for Impact
Amy Petersen	Child and Family Wellness Unit, Division of Child & Family Well-Being, Whole Child Health Section
Angela Lewis	NC Partnership for Children
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Cass Wolfe	Alamance Partnership for Children
Catherine Pliel	Retired service administrator Families Moving Forward
Celeste Pleasant	DCDEE, Contracts
Charlene Reiss	Partners for Impact
Cheri Neal	CoC Program Manager for Guilford Co.
Chris Battle	DHHS, Emergency Services Grant
Christine Craft	Community member
Debra Susie	NC Coalition to End Homelessness
Donna Lipscomb	DCDEE, Subsidy
Deborah Thompson	Salvation Army
Fain Barker	Family Connects International
Hanaleah Hoberman	City of Durham —homeless services



Heather Finster	NC State University
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Jen Tisdale	Homeless services consultant
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Kierra Sattler	UNC Greensboro
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Lauren Davis	DCDEE, Subsidy
Linda Blanton	NC CCR&R Council
Lisa Shiflett	NC Child Care Health and Safety Resource Center
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Mary Erwin	CCR&R, Child Care Services Association
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Rachael Burrello	NC Home Visiting/Parenting Education System, Partnership for Children
Rosalind Kotz	Community Research and Planning Consultants, Spencer, NC
Rushonda Thomas	Alamance Partnership for Children
Sharmaine Joyner	Salvation Army, Wake County
Shameka Harrington	Families Together, Wake County
Sharon Loza	NC Infant Mental Health Association/Early Intervention Branch, Infant Toddler Program
Stephanie Jenkins	Wake County Smart Start
Tasha Melvin	Families Moving Forward, Durham
Tamara Vanies	Empowered Parents in Community EPIC
Terrell Brown	Children and Family Resource Center, Hendersonville

## Appendix B: Data Collection to Inform the Plan

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### Child Care Development Fund (CCDF) Focus Group 2/17/2021

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22 *Yay Babies!* members and guests in attendance.

#### **What do homeless service providers need to assist families experiencing homelessness with accessing child care?**

- In shelters, the greatest need is transportation.
- Takes time to access subsidy.
  - They do have a high rate of families being able to access subsidy; however it takes time.
  - Continued prioritization is important
  - With the pandemic it has taken longer to get off the wait list when the child care programs closed.
  - Takes time to reach the subsidy provider
  - Time to get materials together. Documentation barriers include Social Security cards and birth certificates. Months to get required ID
  - Once they have accessed documents, the typical amount of time to start receiving the subsidy payments is a month and a half to two months. The reason this is a concern is that they are an emergency shelter with the goal to getting them moved into permanent housing within 90 days.
- We need a standard policy that is consistent over time, which prioritizes these families.
- Issues with families wanting certain locations
- Issues with the hours. Need child care with hours outside 8:00-5:00.
- Distinct difference between two service systems.
  - One system focusing on child education, child health, child well-being
  - Another system focusing on housing
    - Capacity of social workers and shelter programs funded through Housing First having time to focus on children
    - Mindset is “I’m working with families *with* children” rather than “I’m working with families *and* children.” Consider how to address the mindset.
    - Consider reasons systems were created and how funding is driving the work that gets done.
- Emergency Services Grant (ESG) does have money which goes toward child care. However, using CCDF first allows them to use ESG money on permanent housing. When monitoring family shelters, one of the first questions is if there is a staff person designated to work specifically with children. How are they connecting families with the resources available, whether child care or school resources? Must make sure homeless liaison is a part of collaborative effort to help a family exit homelessness. On homeless service provider side, it is important to have child focus, but still have funding to make child care happen and exit out of homelessness possible. Most times, the Case Manager is taking care of child care and helping a family exit homelessness.

## How could DCDEE conduct outreach to children experiencing homelessness and their families?

- Wake Co Salvation Army has in the past conducted outreach events through a “fair” which includes DSS staff, Smart Start, homeless services providers at different locations in the state. Families attending can get information about subsidy, find housing resources, and connect with local EC supports.
- Direct services on site at housing programs is best. Have a Children’s Services Coordinator that can help arrange for someone to come on site/provide group and individual services. If you bring services and families onsite, you have a better chance of reaching families than if they have to go out to get these services.
- If in a hotel or doubled up, what kind of outreach is necessary? CCR&R goes to laundry mat, barber shops, where people actually live outside of a shelter.
- Most families experiencing homelessness go through the social service agency, so to create a statewide system should use social service agencies
- Coordinated entry is another good place to provide outreach. Could benefit from having child development training. Training that could help them recognize that it is not only important to assist a family to find housing, but need to assist families with child services, including child care.
- Collaborate with McKinney Vento homeless liaisons.
- Collaborate with Family Support workers with Head Start that work with families experiencing homelessness. There is work in Head Start to create local collaborations to support families experiencing homelessness.
- Child Care Health Consultant perspective – Concern about children with special health care needs and finding a placement which can accommodate those children. Training for a facility to accommodate a child with a special health care need. Working towards expanding CCHCs in the state.
- Include parent education in outreach. Parents don’t understand how to foster children’s development at home and teach them the importance of early child development/education.

## How do you think DCDEE could make it easier for families experiencing homelessness to access child care?

- Don’t require documentation to get child care. For immunizations and medical report, NC requires 30 days, whereas other states allow 90 days to get this documentation.
- Develop a policy that would not require families experiencing homelessness to have a job immediately to get subsidy. Many times a family needs child care to get a job.
- From McKinney Vento perspective, provide contact information and resources to families to know what resources are available. Easier way to share resources. Provide Homeless Education liaisons with fliers or brochures with early education resources and contact information for those resources, such as *DSS subsidy and CCR&R* that they can share with parents. This needs to be accessible to liaisons in districts to give to families.
- What are optimal transportation supports?
  - Financial help with bus transportation.
  - Some communities work out bus arrangements with public school. They have equipment and seats to take a child and parent to child care program and then the parent back home.

- Work with programs that already have transportation. Some Head Start programs have transportation. Work out a way for those programs to provide transportation to and from hotels and shelters.
- Direct transportation to shelter to pick up is best to take directly to facility (most that currently offer this are not four- and five-star and are Family Child Care Homes); Limitation with using the bus system is if parents do not have a bus pass and some families have multiple children and some children are in school and parents are working makes this complicated. It impacts permanent housing.
- Tell parents to watch when moving because if there is no bus system to get you home from the child care facility it could cause issues. Relying on the bus system has not been a reliable method of transportation for shelters.

### **What could the subsidized child care program put in place to increase access to child care for children and families experiencing homelessness?**

- Marketing to centers to accept subsidized children. Are centers aware of the program?
- Waive parent copay until parents are employed. When families move out of a shelter, they are immediately charged with their copay; perhaps it could be suspended or paid out of different funding so families can become stable. Diversion Homeless funds may be used for this purpose, or rapid rehousing?
- Expanded hours are also necessary because often families are working hours out of the 8:00–5:00 typical hours.
- Perhaps contracting slots with child care programs is a possibility and may help with the hours needed as well because the child care program is guaranteed their money.
- Focus groups are needed to ask child care centers what barriers they face in accepting these specific families. There needs to be better communication to affect strategies better and provide support to families adequately.
- COVID is affecting centers financially and it raises different problems. Possibly using a case worker could be available to work with these families like they have at Head Start.
- Enable the reporting process to be simplified and easier to use. Strategic plan upcoming to discover what the barriers are.

### **What training is needed to support homeless service providers and child care providers with supporting families experiencing homelessness?**

- Effective use of the self- assessment tool moving forward and eventually to receive money from the state. Some funding is less restrictive and can be used in non – traditional ways.
- Put incentives in place to encourage providers to receive training.
- Needs to be consistent and support the whole child.
- COVID is causing people to think outside the box and work harder.

### **What kind of technical assistance is needed for child care programs to support families experiencing homelessness?**

- Increase the knowledge of teachers and staff
- Technical assistance specialists (TAs) need an expanded toolkit because it requires specialization that is not included in the traditional toolkit.
- Train the current workforce because it will only be used as needed.

## Comments after listening session:

- New Community of practice together with Schoolhouse Connections to form state teams. Working with current staff to see what will work for your state. Bring everyone together to do this.
- Coalition had a vaccine rollout of people experiencing homelessness because for some reason they were at the bottom of the list to receive their vaccines. They logged over 400 signatures on the electronic document and received a confirmation within 30 minutes and providers were bumped up to March 17.
- PDG alignment kick off meeting for 3-year grant activities is now, and trying to connect with existing programs.
- The focus on resilience now is about racism as well. It can't be ignored as child care programs have more Black children being suspended and expelled.
- Regarding the self-assessment tool, beginning in April, shelters will be able to receive help to use the tool, and there will be a plan created to use and evaluate the process, collect the data and develop materials and instruments to get shelters started.
- CCSA is working with Kaleidoscope to work with the affordable housing project to bring a racial equity lens to early childhood and philanthropy in places and spaces. It fits these opportunities well.
- Parent/child interaction therapy (PCIT) site is at the shelter now and will be at Urban Ministries soon. It is an 18 month training program, and the shelter is an ABC [Attachment and Biobehavioral Catchup] site now and it is being used with infants and toddlers. Trying to eradicate the remaining barriers so it can be used at all sites.

## End of meeting

## Interviews with parents experiencing homelessness

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Understanding parent's reflections about their experiences with early childhood services is critical to ensuring that services are equitable and impactful. The purpose of a recent investigation, *Raising Parent Voice to Guide Early Childhood Policy*, was to amplify the voices of NC parents to inform policy and recommend areas for service delivery improvement in North Carolina. Data collection was funded by the NC Early Childhood Foundation (NCECF) and NC Child. More than 200 parents participated in interviews and/or surveys. The [full report of findings](#) "*Not About Me without Me*" is available from NC Child's *Early Well Initiative*.

A subset of 47 parents who participated in *Raising Parent Voice to Guide Early Childhood Policy* had experienced homelessness. Their responses were reviewed by a team of researchers from NC State to inform this strategic plan. Details are provided below and a full report of the findings is available from Mary Haskett at [mary\\_haskett@ncsu.edu](mailto:mary_haskett@ncsu.edu).

## Participants

Forty-seven (47) caregivers with young children who were currently experiencing or had recently experienced homelessness and were served by North Carolina shelters or transitional housing programs participated in this study. Each parent had at least one child between the ages of birth-8 and the number of children in the family ranged from 1-5. Parents were recruited through community agencies that served families experiencing homelessness in four NC counties. 87% were mothers, 6% were fathers, and 6% declined to report their gender. 15% identified as White, 55% identified as Black/African American, 9% identified as mixed-race, and 11% declined to disclose their race.

## Measure

NCECF developed a structured interview with questions designed to gather information about family strengths, barriers that prevented families from accessing services, what services parents wished were available, and their experiences of racism and cultural competence in the early childhood social emotional health system. Interview data were collected via phone or Zoom interviews between a research assistant and parent. Interviewers provided a combination of verbatim and summarized notes on parent's responses to NCECF.

## Data analysis

Interview summaries were uploaded to a qualitative analytic software by NCECF. Researchers from NC State University then accessed the data with approval from the university's Institutional Review Board. Research assistants were three master's level PhD students; one identified as a Black female and two identified as White females. A parent who had experienced homelessness was hired as a consultant to provide input in all stages of the research process. Researchers read the interviews and collaboratively developed a codebook. Two researchers met to code the interviews utilizing consensus coding to come to an agreement on coding parents' responses to the interview questions.

## Results

The first purpose of this project was to better understand parents' strengths as they supported their children's social-emotional health. Another purpose was to identify aspects of services/service providers that supported families in connecting to and receiving services that parents endorse as helpful. Throughout interviews, parents identified important stakeholders, many programs/providers, and characteristics of support people that proved to be beneficial in receiving care for both themselves and their children's social-emotional health.

Four major themes that emerged from parents' responses were:

### **1. Parents are the most important people who promote their child's social emotional development.**

Almost all parents mentioned that they were the most important figure in their child's social-emotional development. Many described using skills learned from their own parents, connecting with their children about emotions, talking with and comforting their children, and employing skills supported by therapists/support people to connect with and support their children. As shown by one mother's response: *"With a 6-year-old, she still has some strong emotions at times, and looks at me for clues. When she is scared, I hold her, reassure her. When she has moments of frustration. Right now school is a lot of frustration. She mostly looks to me."*

Many parents mentioned the importance of other family members, friends, support people, and community members' roles in helping promote their children's social-emotional development. Grandparents, in particular grandmothers, were another prominent figure often mentioned as providing social emotional support and guidance for children and parents themselves. As mentioned by one parent's response: *"Me and dad and his grandmother—grandmother plays a vital role in teaching him. We sit down with him and have conversations; let him know it is okay to have these feelings. How to appropriately address these feelings—if he is angry—he needs to know what works best for him."*

### **2. Personal strengths of parents provide an avenue for buffering impacts of systemic challenges.**

Many parents described how their own personal strengths and characteristics impacted their ability to access services. A common theme was that parents felt that they had to (and did) navigate systems of support for their children's social emotional health on their own. One parent



mentioned: *“I don’t know. I do most of it on my own.”* Caregivers’ responses indicated that they had a lot on their plates, as one mother mentioned: *“As of right now, I am supporting myself. Even though Medicaid is paying my rent, I am getting a job and paying for things and going to school. My family supports me in every way possible, but I mostly take care of myself.”* Additionally, one mother mentioned that in accessing services and working with support people, she found it easiest *“knowing what I want to do and where I want to be – it will help them help me. By me divulging everything and being open and honest (I need this and I need that, etc.) they will be able to understand me and how to assist me better.”*

**3. Positive interactions with support people reinforce parents’ feeling of being understood and valued in receiving services.**

Parents’ responses highlighted the importance of positive interactions with support people during the process of accessing and receiving services. They referenced specific support roles, such as their pediatrician, doctor, nurse, therapist, and teacher and described how interactions with those people made them feel supported in accessing services. For example, *“His pediatrician and his early education coordinator from CDSA [Children’s Developmental Services Agency] were overwhelmingly warm and comforting and resourceful and we didn’t even really know how much help we needed. We needed help and we got what was needed and not in a demeaning manner.”*

Present throughout caregivers’ responses were themes of wanting to feel understood (*“Being heard and attempting to be understood”*), to have open lines of communication with support people (*“Great communication and being open...”* *“Communication is key.”*), and to have the support person be accessible (*“Just being able to reach out and connect in those difficult situations and just being accessible...”*). Further, parents mentioned the desire for personal connection with support people, as opposed to being *“...so professional.”* One mother mentioned that her ideal support person would consist of: *“them trying to support me if I have questions about things, being open to what I have to ask. Being willing to listen, and not feeling like I am burdening...you.... Definitely respect, understanding, compassion, and understanding that people come from different backgrounds.”*

**4. Parents had some positive experiences with programs and groups.** Parents’ responses highlighted positive experiences with local groups and programs. Programs that were mentioned included those providing essential needs, such as access to food, housing, and community support; tutoring services; child care; crisis intervention; parenting programs; mental health services/therapy; and social media groups. In particular, parents mentioned positive experiences at parenting groups (*“Parenting groups. I loved the workshops at the shelter.”*), groups focused on mental health for parents and children (*“I was in the counseling program and they helped me to use my words better to help her understand. It made me see things from a different point of view.”*), and groups centered on wellness (*“My doctor helped out with self-care a lot. We did a workshop about self-care at the shelter.”*).

Parents also mentioned that feeling seen, heard, and represented in the programming offered by community groups was important to them. They pointed to how skills practiced in different settings (parent groups, therapy, etc.) enabled them to better support their children. Many parents mentioned the importance of child care, aftercare and other child-related services in supporting both children’s social-emotional and academic success.

## Early Childhood Education Professional Survey

To gain insight from child care professionals to inform the strategic plan, an online survey was distributed to approximately 5,000 early childhood education/child care providers across the state. Child Care Resource and Referral, Inc distributed the survey invitation for The NC CCR&R Council in February, 2022. 314 providers completed the survey. The invitation is pasted below:

Good afternoon,

*Yay Babies!* is a state-wide advocacy group that works to ensure young children experiencing homelessness have access to high-quality early childhood services. You are being invited to participate in a brief survey about your experiences as a provider of early childhood education in North Carolina. We are interested in learning about your experiences because we are preparing a strategic plan to ensure that all young children in our state have an opportunity to benefit from high-quality child care and preschool. The survey should take less than 10 minutes and you will have an option to enter your email for a \$25 gift card if you complete the survey. Questions about the survey can be sent to Mary Haskett at [mary\\_haskett@ncsu.edu](mailto:mary_haskett@ncsu.edu)

Results of the survey are provided below. 314 providers completed the survey.

### Participant and program characteristics

	n	%
<b>Program Role</b>		
Administrator	116	73.89%
Support Staff	41	26.11%
<b>Type of Early Childhood Program</b>		
Center-based Care	79	50.32%
Family Child Care Home	72	45.86%
Head Start/Early Head Start (home or center based)	6	3.82%

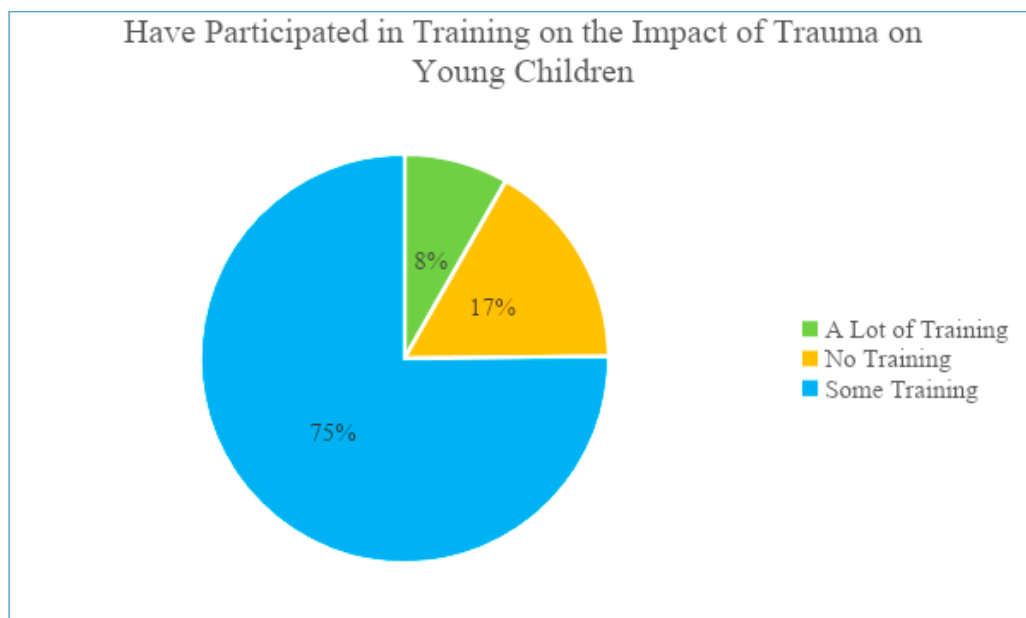
### Counties represented:

Alamance (1), Alexander (1), Alleghany (1), Beaufort (3), Bertie (1), Bladen (2), Buncombe (4), Burke (3), Carteret (2), Caswell (1), Chatham (2), Cherokee (1), Cleveland (5), Columbus (2), Craven (2), Cumberland (6), Currituck (1), Dare (2), Davidson (1), Duplin (1), Durham (9), Edgecombe (1), Forsyth (3), Franklin (1), Gaston (1), Gates (2), Granville (2), Guilford (7), Halifax (1), Harnett (3), Henderson (1), Hertford (3), Hoke (1), Iredell (1), Johnston (1), Lenoir (1), Martin (1), Mecklenburg (19), Montgomery (1), Moore (2), Nash (2), New Hanover (4), Onslow (2), Orange (1), Pasquotank (1), Pender (2), Pitt (6), Randolph (2), Robeson (3), Rockingham (1), Rowan (1), Rutherford (1), Sampson (4), Stokes (1), Swain (1), Tyrrell (1), Union (1), Vance (1), Wake (8), Warren (1), Watauga (3), Wayne (3), Wilson (1), Yancey (1)

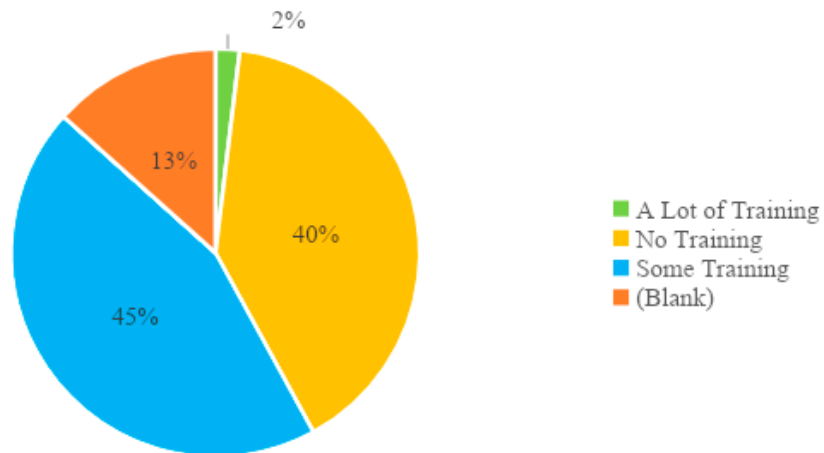
**Ways you and/or your program provide trauma-informed care of young children:** Number of participants who provided each approach is in parentheses. Quotes are provided to illustrate their responses.

- Offering resources and information to families when needed (18)
  - “Parent involvement, knowing the family situation helps us understand the child and their needs. We are also able to provide resources to the family.”

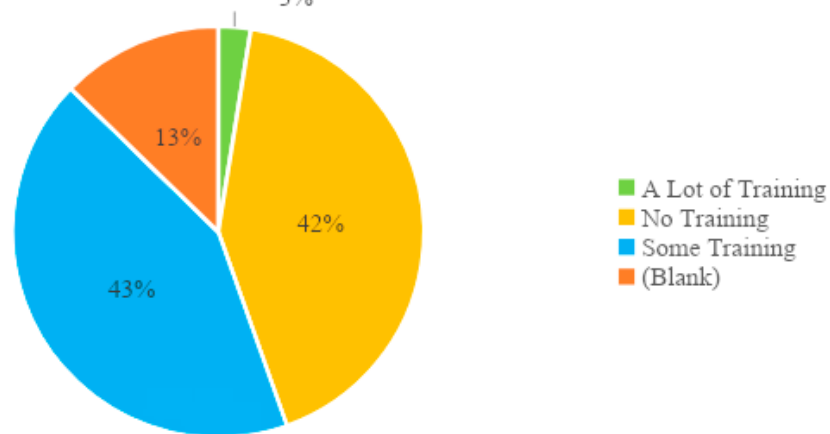
- Fostering positive relationships with families and children (18)
    - “We are close to the families and offer help with tuition when needed and sometimes I make casseroles for everyone to take home.”
    - “Creating an environment where children feel safe and loved.”
  - Referring to community agencies or other professionals (counselor, psychologist, etc...) when necessary (11)
    - “We’re in a public school, so we have access to school counselors and psychologists. If needed, we also refer out to Kids First.”
  - Promoting Social-Emotional Learning (7)
    - “We use Conscious Discipline which mirrors much of trauma-informed care. Creating an environment where children feel safe and loved. Responding versus reacting to children’s behaviors.”
    - “We ensure physical and emotional safety of our children, as well as provide an environment where children feel validated and assured their feelings are addressed.”
  - Training/professional development (18)
    - “Staff PD [professional development] topics including trauma. Most of our teachers hold a child development degree which has coursework around trauma.”
  - Nothing/not sure/willing to try (4)
    - “Not sure what we do.”
    - “We’re willing to try that.”
- 

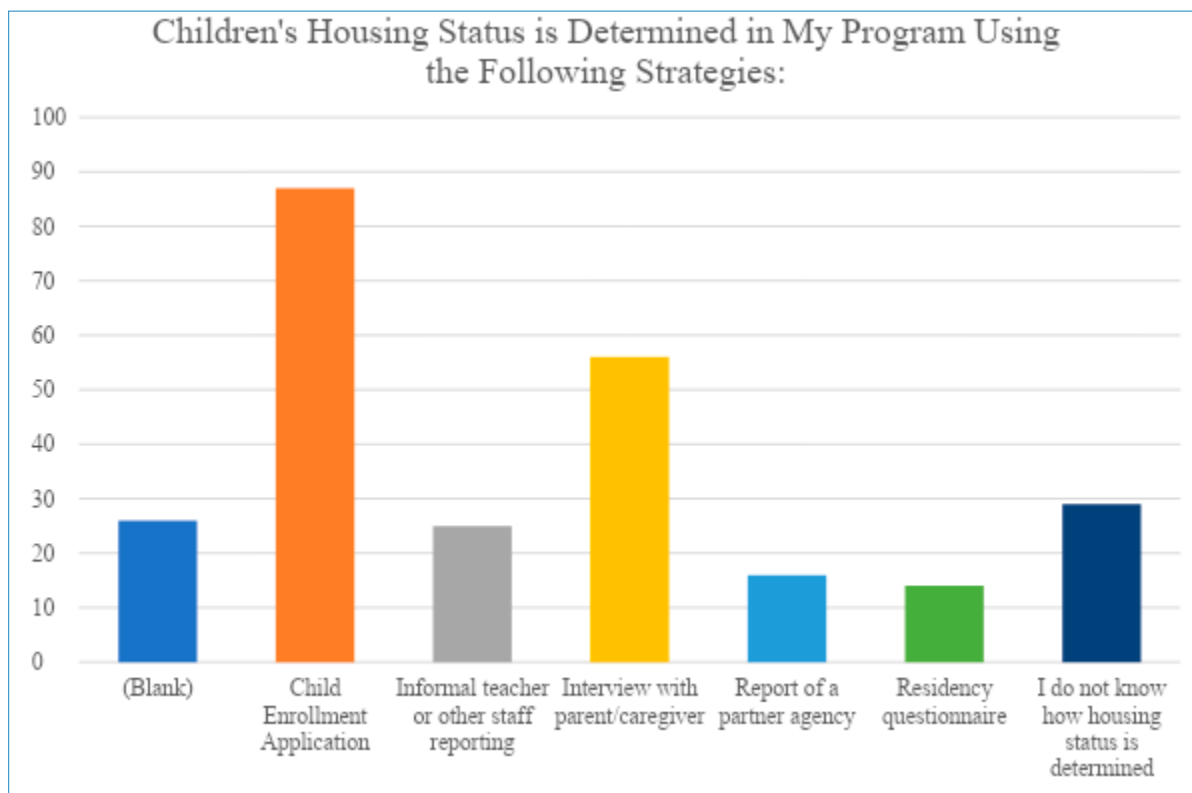
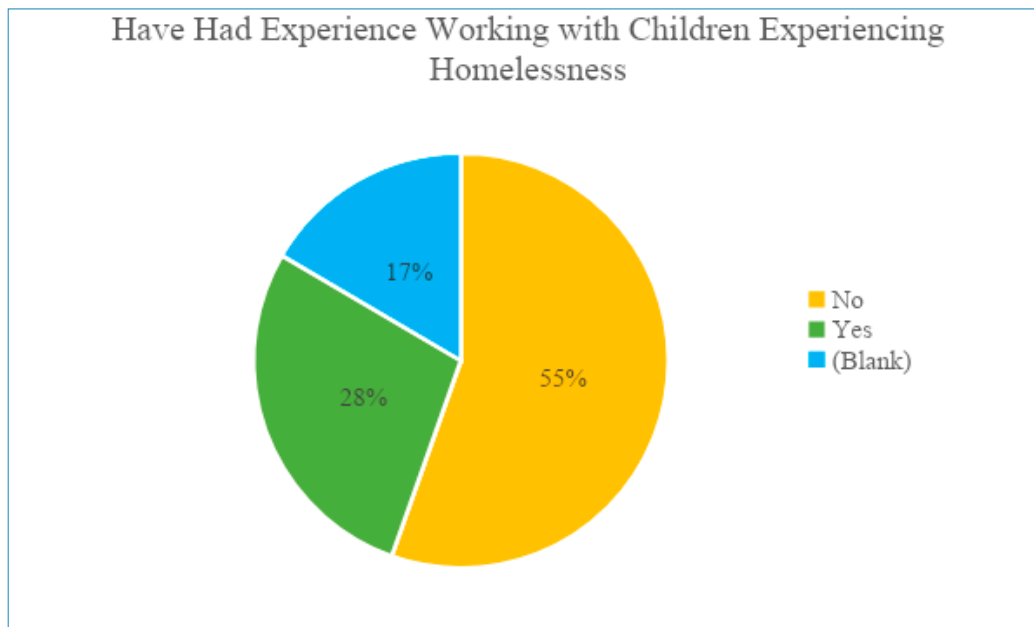


Have Participated in Training on Resilience among Young Children who Have Experienced Homelessness



Have Participated in Training on Signs that a Child Might be Experiencing Homelessness





## Online survey of shelter providers

With assistance from the NC DHHS Division of Aging and Adult Services, Emergency Services Grant (ESG) Homeless Program Coordinators, an online survey was sent to approximately 75 shelter programs across the state in March 2022. A total of 47 staff completed the survey.

The online survey link was sent to shelter directors with the following instructions:

You are invited to complete a brief survey (less than 10 minutes) about your work in homeless services to help us understand how your shelter program supports young children and their families. Information collected in this survey will inform a state-wide strategic plan to ensure that all NC children have the opportunity to participate in high-quality early childhood services. The strategic plan process is funded by the NC DHHS Division of Child Development & Early Education (DCDEE) and is being developed by Mary Haskett (NC State University) and Marsha Basloe (Child Care Services Association) in collaboration with *Yay Babies!*, a group committed to ensuring that young children experiencing homelessness have access to early childhood services.

If you complete the survey by March 28, you will have an option to enter a separate survey (not linked to your responses) where you can enter your email address into a drawing for a \$25 gift card for Amazon or WalMart (your choice).

Your responses will be anonymous. If you have any questions or concerns about the survey, please contact Mary Haskett at [mary\\_haskett@ncsu.edu](mailto:mary_haskett@ncsu.edu)

A summary of results of the survey is provided below.

### Participants' Role in Shelter Program

	n	%
Executive Director, Director of Operations	18	38%
Shelter Director or Assistant Director	15	32%
Program Coordinator or Manager	10	21%
Case Manager/Social Worker	2	4%
No response	2	4%

### Characteristics of Program:

**“Today, as you complete this survey, how many children ages birth through 5 years are receiving shelter from your program (in your facility or in other accommodations)?”**

- Range: 0-29 children
- Mean: 4.91 children

**“Of those children, how many are enrolled in some form of child care or preschool?”**

- Range: 0-100%
- Mean: 39%

**“If the data is available, how many children received shelter from your program during the calendar year 2021?”**

- Range: 1-252 children
- Mean: 50 children



**Counties served by participants: 43 counties served by at least one provider:**

Alamance (1), Alexander (1), Alleghany (2), Anson (1), Ashe (1), Avery (1), Buncombe (2), Burke (1), Brevard (1), Caldwell (2), Carteret (1), Catawba (2), Cleveland (1), Cumberland (1), Davidson (2), Durham (1), Forsyth (3), Gaston (1), Guilford (7), Henderson (5), Jackson (2), Macon (2), Martin (1), McDowell (1), Mecklenburg (1), Mitchell (1), Montgomery (1), Pasquotank (1), Pitt (2), Polk (2), Rowan (1), Rutherford (1), Stanley (2), Stokes (1), Surry (2), Transylvania (2), Vance (1), Wake (3), Washington (1), Watauga (2), Wilkes (1), Yancy (1) and Yadkin (1), (Blank) (3)

*NOTE: The total number of respondents (in parentheses) to each survey item below varies due to skipped items.*

**Does your shelter program serve families (that is, children and their caregivers)? (47)**

Yes	45	(96.7%)
No	2	(4.3%)

**At intake, does your shelter use any specific tool or form to assess the needs of children ages birth to 5 years of age, separately from the needs of the whole family? (36)**

Yes	9	(25%)
No	27	(75%)

**For yes responses, reported tools used included:**

- A children's information sheet is completed during children's orientation
- ACE
- Forms
- Our social worker uses her own intake check list to assess the needs of children.
- Within our screening process, we ask what is needed for these children. We also plan on one staff obtaining a certification to facilitate developmental assessments for children in shelter.



Survey Item	Yes	No	Don't know
Our program has space dedicated to young children and their caregivers. (31)	25 (81%)	6 (19%)	0
We conduct developmental screenings for all children birth through age 5 using developmental screening tools. (30)	1 (3%)	29 (99%)	0
We offer referrals to special education services such as speech therapy, physical therapy, and special education, as needed. (31)	19 (61%)	12 (39%)	0
We offer on-site parenting support through groups or individual parenting programs. (31)	15 (49%)	16 (51%)	0
We provide training or professional development for all staff on the impact of trauma on young children. (29)	16 (55%)	13 (45%)	0
We provide training or professional development for all staff on signs that a child might be developmentally delayed or impacted by trauma. (29)	9 (31%)	20 (69%)	0
Our program has staff dedicated to working with children ages 0-5. (32)	9 (28%)	23 (72%)	0
Our staff have time and capacity to adequately support well-being and development of children ages 0-5 in this shelter. (29)	14 (48%)	15 (52%)	0
Our Board of Directors includes a member with expertise in early childhood. (24)	12 (50%)	12 (50%)	0
<b>Are staff in your shelter program knowledgeable about the process of making referrals for the following resources in your community?</b>			
Early intervention for developmental delays (30)	26 (87%)	4 (13%)	2
Home visiting programs to support parents of young children (32)	26 (81%)	6 (19%)	0
Transportation assistance for child care and/or children's services (32)	29 (91%)	3 (9%)	0
Domestic violence services (31)	30 (98%)	1 (2%)	0
Child care and preschool (30)	28 (93%)	0	2 (7%)
NC PreK program (31)	28 (90%)	3 (10%)	0
Early Head Start/Head Start (32)	28 (88%)	3 (9%)	1 (3%)
Mental health services for children (32)	28 (88%)	3 (9%)	1 (3%)
Mental health services for parents (32)	30 (94%)	1 (3%)	1 (3%)

## What are the top barriers to getting families into licensed child care in your community?

29 participants responded.

Barrier	Number of Respondents
Affordability	12 (41%)
Availability	13 (45%)
Transportation challenges	13 (45%)
Vouchers (lack of availability, loss after a parent is employed, long wait lists)	7 (34%)
Lack of knowledge/support	3 (10%)
Lack of resources (unspecified)	2 (7%)
Long waiting lists	2 (7%)

## Appendix C: Resources for Further Information

### National resources:

US DHHS, Administration for Children and Families, Office of Head Start: [Supporting Children and Families Experiencing Homelessness](#). This interactive learning series is intended for professionals in Head Start, Early Head Start, and child care, including early childhood and school-age child care providers, CCDF Lead Agency or designated entity staff, and other key stakeholders. Learn how to identify families experiencing homelessness, conduct community outreach, and much more.

- [Decision-making Tool to Determine A family's Homelessness Situations](#)
- [How to Help Families Experiencing Homelessness Access Quality Health Care for Their Children](#)

**US DHHS Administration for Children and Families** *Early Care and Education Supports for Young Children Experiencing Homelessness*

- [Facilitating Access to Early Care and Education for Children Experiencing Homelessness](#) presents a discussion of the barriers to accessing early care and education among families experiencing homelessness, and a description of ways in which states and communities support the enrollment of children experiencing homelessness in early care and education.
- [Leveraging Data to Identify Children Experiencing Homelessness](#) examines the challenges that states and communities face in using data to identify children experiencing homelessness for early care and education.
- [Decision-Making Tool to Determine a Family's Homeless Situation](#) Use this tool to learn about a family's living situation to make an appropriate determination of eligibility for services. The tool is based on the definition of "homeless children and youth" that is included in Section 725(2) of the McKinney-Vento Homeless Assistance Act [42 U.S.C. § 11435a(2)].

- **Caring for the Health and Wellness of Children Experiencing Homelessness** Explore this tip sheet to learn how homelessness impacts various areas of health and wellness. Discover ways to identify and assess the needs of families experiencing homelessness and connect them to medical and dental homes. Also, find resources and supports to connect families to health and wellness providers.

**US DHHS, US Department of Housing and Urban Development and US Department of Education Policy Statement on Meeting the Needs of Families with Young Children Experiencing and At Risk of Homelessness**. This is a joint policy statement from the U.S. Department of Health and Human Services, the U.S. Department of Housing and Urban Development and the U.S. Department of Education as of October 2016.

**US Department of Education. Early Childhood Homelessness State Profile 2018-2019**— released 2021

**Sesame Street in Communities: Family Homelessness Find an Activity**: Discover printables, videos, and more on topics to help the families you work with. SchoolHouse Connection **provides guidance for using this resource** by Sesame Street.

**SchoolHouse Connection** promotes success for children and youth experiencing homelessness, birth through higher education. The nonprofit engages in policy advocacy and provides technical assistance to states and local communities. **SchoolHouse Connection's early childhood work is guided by the goal of increasing access to and enrollment in high-quality early childhood programs** for families with young children experiencing homelessness. Some of their resources include:

- **Supporting Young Children and Families Experiencing Homelessness with American Rescue Plan Act Funds**
- **Children and Families Experiencing Homelessness: Coordination Guidance for Integrating Homelessness into Working Agreements and MOUs between Head Start Grantees and Local Educational Agencies**
- **Access To Early Learning For Young Children Experiencing Homelessness, Birth To Five**
- **Pathways to Partnership: Early Childhood Education**. The first in a new SHC series, this guide is designed to help LEA liaisons and homeless service providers develop a basic understanding of, and build partnerships with, five key early childhood programs.

**Stress, Trauma and the Brain Series**. Bruce D. Perry, MD, PhD 5 video series developed specifically for educators.

**Pathways to Resilience**. Explore a compilation of resources within and across sectors to prevent and address trauma.

**Child Care & Early Education: Research Connections**. Online searchable library of publications, including publications on homelessness in early childhood.

**FrameWorks Institute** webinar: **Reframing childhood adversity: Promoting upstream approaches**.

## NC resources:

**Kellin Foundation Resilient NC report.** Graves, K. N., Whitbeck, M. A., Herbenick, M., Clark, D., & Parente, R. (2021). Resilient NC: Supporting Statewide Efforts to Build Community Resilience. Greensboro, NC: Kellin Foundation.

**Housing and Urban Development.** Housing resources organized by local housing authorities in NC.

**NC Partnership for Children** is the backbone agency supporting the NC Healthy & Resilient Communities initiative. The mission of the NCHRCI is to both reduce adversity experienced in multiple realms by children and families living in North Carolina and increase protective factors and skills which contribute to building resilience for children, families, organizations and communities.

**Child Care Services Association: Early Childhood Homelessness** Resources:

- **Homelessness Among Infants, Toddlers, Preschool and School-Age Children in North Carolina**
- **Supporting Families Experiencing Homelessness: Child Care Policies**
- **Innovative Early Childhood Services for Families Experiencing Homelessness: A Statewide Conversation**: webinar slides
- **An Invisible Crisis: CCSA Releases a Primer on Early Childhood Homelessness**
- Birth to 5: Watch Me Thrive! **A Housing and Shelter Provider's Guide to Developmental and Behavioral Screening**

**NC Housing Finance Agency.** Creating affordable housing opportunities in NC. "The North Carolina Housing Finance Agency is a self-supporting public agency that provides safe, affordable housing opportunities to enhance the quality of life of North Carolinians. Since its creation by the General Assembly, the Agency has financed more than 298,860 affordable homes and apartments, totaling \$29.16 billion. The Agency provides financing through the sale of tax-exempt bonds and management of federal tax credit programs, the federal HOME Program, the state and national Housing Trust Funds, and other programs.

## Appendix D: Early Childhood Action Plan Goal 4 Data Recommendations

**<https://www.childcareservices.org/wp-content/uploads/Updated-NC-Early-Childhood-Action-Plan-Related-to-Homelessness-Among-Young-Children-Oct.-21.pdf>**

